

MULTIPLE DEPARTMENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/510959** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4	1					
5		8				
6		8				
7		8				
8	1					
9						
10		2				
11		2				
12	1					
13	1					
14						
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17						
18	1					
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20		1				
21	1					
22	1					
23		1				
24	1					
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33	1					
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.		33				
TOTAL CLAIMS		34				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS		34				